Name in Full: Amanda J. Aldridge

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Daniel; County: Talbot

Date of death 1904: Month: 1; Day: 17

Age: Years: 37; Months: —; Days: —

Sex: Female

Color or Race: Black

Birthplace: Talbot Co. Md

Married, Single or Widowed: married

Occupation: House wife

Name of Husband: Jno. W. J. Aldridge

Father's Name: Thomas

Father's Birthplace: Talbot Co. Md

Mother's Maiden Name: Helen Smith

Mother's Birthplace: Talbot Co Md

Name of person giving Information: Jno. W. J. Aldridge

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Valvular Heart Disease — How long: 2 yrs

Immediate: Asphyxia — How long: one week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A B Kluscock

Address: St. Michaels Md

Accident or Suicide?

LIBRARY BUREAU A83916

Name in Full: Annie Banks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oxford — County: Talbot

Date of death 1904: Month: Jan. — Day: 22 — Age: Years: 80 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: Talbot Co Md.

Married, Single or Widowed: Widow — Occupation: Housework

Name of Wife or Husband: Peter Banks

Father's Name: Harry Agnelo — Father's Birthplace: Africa

Mother's Maiden Name: Julia Agnelo — Mother's Birthplace: Africa

Name of person giving In formation: John H. Banks — How related to deceased: Son

154

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: —

Immediate: Heart failure — How long: —

Are the name, age, sex, color. date and place correctly given above? Yes as far as They know

Signature of Physician: J A Stevens

Address: Oxford Md.

Accident or Suicide? No.

LIBRARY BUREAU A86316

Name in Full: William Baptist

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Municipal — County: Talbot

Date of death: Month: July — Day: 7th — 1904

Age: Years: 30 — Months: — — Days: —

Sex: Male — Color or Race: Negro — Birthplace: Talbot Co Md

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Nannie DeShields

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: Sally Roberts — Mother's Birthplace: Talbot Co Md

Name of person giving Information: John DeShields — How related to deceased: Father in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: about a year

Immediate: Exhaustion — How long: 2 or 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Julius A. Johnson

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Perry Blake

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Tilts Cross Roads (County) Dorch —

Date of death 1904 (Month) Jany (Day) 13th (Age) Years 76 Months — Days —

Sex Male | Color or Race Negro | Birthplace Dorch Co Md

Occupation Farm Hand | Where Residing if not at place of death —

Married, Single or Widowed Married | Name of Wife or Husband Eliza Jane Blake

Father's Name Perry Blake | Father's Birthplace Dorch Co Md

Mother's Maiden Name Eliza Sampson | Mother's Birthplace Dorch Co Md

Name of person giving Imformation Rd. Blake | How related to deceased Son

48.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Rheumatism — | How long Several years

Immediate Heart Failure | How long Immediate —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Undertaker S. Patchett & Son

Address Easton Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Sarah Blubaugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boonsboro; County: Talbot

Date of death 1904: Month: Jan.; Day: 31st; Years: Age 81; Months: 7; Days: 23

Sex: Female; Color or Race: White; Birthplace: Allegany

Married, Single or Widowed: Widow; Occupation: Housekeeper

Name of Wife or Husband: Andrew Blubaugh

Father's Name: Jacob Horton; Father's Birthplace: Eckhart Mines

Mother's Maiden Name: Sarah Schriver; Mother's Birthplace: Near Butts City

Name of person giving information: John Blubaugh; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Stenosis; How long: Four months to my knowledge

Immediate: Pulmonary Oedema; How long: Two hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. H. Johnson

Address: Valley Summit

Accident or Suicide?

LIBRARY BUREAU A83515

Bon

dans montagne

Name in Full: Virginia S. Burns

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton — County: Talbot

Date of death: Month: 1904 July — Day: 11 — Age: Years: 2 — Months: — Days: —

Sex: Female — Color or Race: Wh. — Birthplace: Easton

Occupation: infant — Where Residing if not at place of death: —

Married, Single or Widowed: S — Name of Wife or Husband: —

Father's Name: Jno. Smith — Father's Birthplace: Easton

Mother's Maiden Name: Willie Burns — Mother's Birthplace: Easton

Name of person giving Information: Mary L. Burns — How related to deceased: Sister

90

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis — How long: 3 days

Immediate: Cachexia — How long: 3 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos. Merritt

Address: Easton

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Charles A. Chipley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: The Anchorage — County: Talbot

Date of death: 1904 — Month: Jany — Day: 6th — Age: Years: 68 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Virginia

Occupation: Retired R. R. Officer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Mrs Kate Chipley

Father's Name: Samuel N. Chipley — Father's Birthplace: Caroline Co Md

Mother's Maiden Name: Sarah Minnda Bayliss — Mother's Birthplace: Alexandria Va

Name of person giving Imformation: Miss Sadie Chipley — How related to deceased: Daughter

64

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: Instantly

Immediate: Extravasation of blood in brain — How long: Instantly

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A. Johnson

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A8851S

Name In Full

Certificate of Death

Ella Victoria Couch

Died at Town: Easton County: Talbot MARYLAND

Date 19 04 Month: Jan Day: 13 | Age Y. 6 M. 6 D. | Native of: Talbot | Occupation: Infl.

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name: Charleston

Mother's Maiden Name: Ella Bush

Cause of Death: Primary: Capillary Bronchitis — How long sick: 3 weeks

Immediate

Accident, Suicide, Homicide

Reported by: J. H. Garrison M.D.

Address: Easton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Darcus Councilor

Certificate of Death

Died at Town: Near Skipton County: Talbot MARYLAND

Date: Month 1 Day 25 1904

Age: Y. 75 M. — D. —

Native of: Unknown

Occupation: Reliefee

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living: 2

~~Husband~~ Wife of James Councilor

Father's Name: J Ireland

Mother's Name: Unknown

Cause of Death — Primary: Rheumatism

Immediate: Exhaustion

How long sick: 1 Day

Accident, Suicide, Homicide

Reported by: W C McCormac undertaker

Address: Queenstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Attended by Dr. None for One Year.

of

Seen by Coroner

of

Information contained in this certificate received from Ed Councilen

of Lewistown Ind.

Name in Full

William D. Ewing

Certificate of Death

Died at Town: Trappe County: Talbot MARYLAND

Date 1904 Month: Jan — Day: 4 | Age Y. 65 M. 3 D. — | Native of: Md | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living: 9

Husband of ~~Wife~~: Charlotte S. Ewing

Father's Name: Joseph Ewing | Mother's Maiden Name: Elizabeth Lord

Cause of Death — Primary: Chronic Parenchym, Nephritis | How long sick: Several yrs.

Immediate: Cardiac dilatation

Reported by: Mrs S. Seymour

Address: Trappe Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Serrah Jane Harris — No. 30

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Royal Oak — County: Talbot

Date of death 1904 — Month: June — Day: 6 — Age: Years 67, Months 3, Days 9

Sex: Female — Color or Race: Negro — Birthplace: Dorchester

Married, Single or Widowed: Married — Occupation: Mid wife

Name of Wife or Husband: John Harris

Father's Name: James Harris — Father's Birthplace: Dor

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: John Harris — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Catarrhal Pneumonia — How long: one week

Immediate: Heart failure — How long: Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Saml C Fitzhugh

Address: Royal Oak Md

Accident or Suicida?

LIBRARY BUREAU A88316

Name in Full: Sophia Dickeson Harris

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Oxford — County: Talbot

Date of death 1904 — Month: Jan — Day: 1 — Age: Years 91 — Months 2 — Days 11

Sex: Female — Color or Race: White — Birthplace: Delaware

Occupation: None — Where Residing if not at place of death: Oxford

Married, Single or Widowed: Widowe — Name of Wife or Husband: John H. Harris

Father's Name: Mitchell Dickeson — Father's Birthplace: Delaware

Mother's Maiden Name: Mary Dickinson — Mother's Birthplace: Delaware

Name of person giving Imformation: Mr Thos Stewart — How related to deceased: Grand Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Poisond — How long: 30 Houre

Immediate: Heart-Failure — How long: 30 Houre

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. P. Robert M.D.

Address: Oxford Md

Accident or Suicide? Accidnt-

LIBRARY BUREAU A6351G

Name in Full

Certificate of Death

Henry Harvey Harrison

Died at Town: Tilghman County: Talbot MARYLAND

Date ~~189~~ Month 1 Day 1 1904

Age Y. 1 M. 7 D. 25 Native of Tilghman Occupation —

~~Male~~ ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~

~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Wm H. Harrison

Mother's Name Mary Virginia

Cause of Death: Primary Gen. Anemia

How long sick 6 months

Immediate

Accident, Suicide Homicide

Reported by W. W. Chaires

Address Tilghman, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: Virginia Hickson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): in Miles River neck

County: Talbot

Date of death 1904	Month	Day	Age: Years	Months	Days
	Jany	18			6

Sex: Female

Color or Race: White

Birthplace: miles river neck

Married, Single or Widowed: +

Occupation: +

Name of Wife or Husband:

Father's Name: Charles B Hickson

Father's Birthplace: Caroline Co

Mother's Maiden Name: Agnis Calloway

Mother's Birthplace:

Name of person giving Information: Father

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Croup — How long: 1 day

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Dr

Address:

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full: Mary Francis Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton; County: Talbot

Date of death: Month: Jan; Day: 9; Year: 1904; Age: about 40 Months: — Days: —

Sex: Female; Color or Race: Negro; Birthplace: Md

Occupation: House wife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Perry Johnson

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Wright; Father's Birthplace: Md

Mother's Maiden Name: Juliette Benson; Mother's Birthplace: Md

Name of person giving Imformation: Perry Johnson; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisics (Pulmonary). How long: Six Months.

Immediate: General Asthenia How long: one month.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. P. L. Travers.

Address: Easton, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Mollie V. Leonard

Died at Barber (Town) Talbot (County) MARYLAND

Date 19 0 4 Month [illegible] Day [illegible]

Age Y. 30 M. - D. -

Native of Md.

Occupation H. wife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living none

~~Husband~~ Wife of Neuman Leonard

Father's Name Robt. J. Faulkner

Mother's Maiden Name Bradley

Cause of Death — Primary: Pheumonic Phthisis — How long sick 6 months

Immediate: Exhaustion — ~~Accident~~, Suicide, Homicide

Reported by Wm S. Seymour

Address Trappe Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: Chas Upton McDaniel

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: McDaniel — County: Talbot

Date of death 190 — Month: Jan — Day: about 10th — Age — Years: 82 — Months — Days

Sex: Male — Color or Race: White — Birthplace: McDaniels Md

Married, Single or Widowed: married — Occupation: Farmer

Name of Wife or Husband: Lydia M. McDaniel

Father's Name: Francis M. McDaniel — Father's Birthplace: McDaniel

Mother's Maiden Name: Dorcas Roberts — Mother's Birthplace: [illegible]

Name of person giving information: Jno. C. McDaniel — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 3 days

Immediate: Asthenia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. B. Glascock

Address: St. Michaels Md.

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: Clarence Henry Mills

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton — County: Talbot

Date of death: Month: January 14th — Day: 14th. — Years: Age 6m — Months: — — Days: 7

Sex: Male — Color or Race: Colored — Birthplace: Talbot Co!

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Geo Mills — Father's Birthplace: Talbot Co

Mother's Maiden Name: Mary Henry — Mother's Birthplace: Talbot Co

Name of person giving Imformation: Geo Mills — How related to deceased: Father

90.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Capillary Bronchitis — How long: 2 weeks

Immediate: Convulsions — How long: 24 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Julius A Johnson

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Mary Jane Miller

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Easton — County: Talbot

Date of death 1904 — Month: June — Day: 13th

Age — Years: 30 — Months: 9 — Days: 13

Sex: Female — Color or Race: Colored — Birthplace: Talbot Co Md

Occupation: Servant — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Emmanuel Miller — Father's Birthplace: Talbot Co Md

Mother's Maiden Name: Charlotte — Mother's Birthplace: Talbot Co Md

Name of person giving Imformation: Wm Miller — How related to deceased: Bro

42

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer Womb — How long: Two years

Immediate: Exhaustion — How long: Several weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A. Johnson

Address: Easton Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Isaac D. Murphy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St Michaels; County: Talbot

Date of death 1904: Month: Jan; Day: 11; Years: Age 47; Months: 4; Days: —

Sex: male; Color or Race: White; Birthplace: Cecil Co Md

Married, Single or Widowed: Married; Occupation: Sadd Maker

Name of Wife or ~~Husband~~: Henrietta A. Murphy

Father's Name: Jno R Murphy; Father's Birthplace: Can not learn

Mother's Maiden Name: Can not ascertain; Mother's Birthplace: Can not learn

Name of person giving information: Henriletta A Murphy; How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart disease; How long: 7 yrs

Immediate: Heart failed suddenly; How long: A few minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. B. Glascock

Address: St Michaels Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name In Full

Infant Female Price

Certificate of Death

Town: Easton County: Talbot

Died at Easton MARYLAND

Date 1904 Month: Jan Day: 17	Age Y. 0 M. 0 D. 16	Native of Md	Occupation

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / Widow / Widower — Divorced / Number of children living: 1

Husband of / Wife: X

Father's Name: Thos. M. Price

Mother's Maiden Name: Lucy Fleetwood

Cause of Death — Primary: Erysipelas 18

How long sick: 8 days

Immediate: Exhaustion

Accident, Suicide, Homicide:

Reported by: E. R. Dupre M D

Address: Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Ruth Lee Rathell

CERTIFICATE OF DEATH

MARYLAND

Died near — Town: Trappe — County: Talbot

Date of death 1904 — Month: 1 — Day: 18.

Age — Years: 3 — Months: 2 — Days: 4

Sex: Female — Color or Race: White — Birthplace: Talbot Co.

Married, Single or Widowed: married. — Occupation: Housewife.

Name of Husband: Joseph Rathell.

Father's Name: [illegible] — Father's Birthplace: [illegible]

Mother's Maiden Name: Mary E Dodson — Mother's Birthplace: [illegible]

Name of person giving information: James C. Tucker — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Intra-capsular Fracture of Femur — How long: 6 days.

Immediate: Shock. — How long: [illegible]

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross M D

Address: Trappe Talbot Co, Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A99816

Name in Full: Dorothy Viola Slaughter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Trappe; County: Talbot Co.

Date of death 190: Month: 1; Day: 4

Age: Years: 1; Months: 4; Days: 5

Sex: girl

Color or Race: black

Birthplace: Talbot Co. Md

~~Married, Single or Widowed~~

Occupation:

Name of ~~Wife~~ or ~~Husband~~: Walton Freeman

Father's Name: Walter Freeman

Father's Birthplace: Talbot Co

Mother's Maiden Name: Sarah A Slaughter

Mother's Birthplace: Talbot Co.

Name of person giving information: Leighman A. Slaughter

How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 2 weeks

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross M D

Address: Trappe, Talbot Co. Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Martha Ward, Talbot

Town County

Died at Tilghman MARYLAND

Date ~~1903~~ 1904 Month 1st Day 21 | Age Y. — M. 6 D. 10 | Native of Somerset | Occupation ——

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name Edw. Ward

Mother's Name Eliza Ward

Cause of Death: Primary Pneumonia — How long sick 15 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by W. W. Lowes, M.D.

Address Tilghman Md.

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66868